

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-021630
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5036

FILED MAY 17 1963

1. PLACE OF DEATH
a. COUNTY

b. CITY (if outside corporate limits, give TOWNSHIP only)
OR TOWN **St. Louis**

Length of stay in 1b
48 Years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo** b. COUNTY **St. Louis**

c. CITY OR TOWN **University City**

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (if NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Mo. Baptist Hospital**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (if outside, give location)
6904 Plymouth Ave

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
James Alvin Graves

4. DATE OF DEATH
Month Day Year
May 7, 1963

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
2/27/1898

9. AGE (last birthday)
65

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Machinist

10b. KIND OF BUSINESS OR INDUSTRY
Multiplex

11. BIRTHPLACE (City and state or country)
LaFarge, Wisconsin

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Oliver Graves

13b. MOTHER'S MAIDEN NAME

Susan Thompson

14. NAME OF HUSBAND OR WIFE

Catherine H. Graves

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)
Yes V.W. 1

17. INFORMANT

Mrs Catherine E. Graves 6904 Plymouth

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Carcinoma of prostate with bony metastasis.**

INTERVAL BETWEEN
ONSET AND DEATH
2-16-63

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

177x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **3-27-63** to **5-7-63** and last saw him alive on **5-7-63**
Deaths occurred at **9:15P Missouri Baptist Hospital** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)
E. M. Cannon, M.D.

22b. ADDRESS **St. Louis 3, Mo.**
714 University Club Bldg.,

22c. DATE SIGNED
5-9-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
5/10/63

23c. NAME OF CEMETERY OR CREMATORY
National Cemetery

23d. LOCATION (City, town, or county) (State)
Jefferson Barracks, Missouri

24. FUNERAL DIRECTOR

Alexander & Sons 6175 Delmar Blvd

ADDRESS

25. DATE RECD. BY LOCAL REG.

MAY 9 1963

26. REGISTRAR'S SIGNATURE

Joan Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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Dr. Edward Cannon
University Club Bldg
Grand & Washington
Je. 3-4370

3 to 4 P.M. Thursday

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Vernon C. Vedder

Licensed Embalmer No.

15031

P. O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.